## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's p	premium or rate level	produced by rate revision
effective 4/1/2010	•	

	(1)	(2) Annual Premium	(3) Percent	
٠.	Coverage	Volume (Illinois) *	Change (+or-) **	
•	Automobile Liability Private Passenger			
	Commercial			
•	Automobile Physical Damag Private Passenger			
	Commercial			
	Liability Other Than Auto Burglary and Theft			
	Glass			
	Fidelity			
	Surety	<del></del>		
	Boiler and Machinery			
	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril Crop Hail			
	Other Medical Malpractice - Podiary	5,756,888	+6%	
•	Life of Insurance			
	Does filing only apply to certain territory (territories) or certain  Classes? If so, specify:  This filing applies to all territories in Illinois for our Podiatry line.			
		TP - 6 (1)		
	Brief description of filing. (If f Organization, specify			
	organization):	This is a revised rate filing	g requesting a 6% rate increase.	
		······································		
	*			

RECEIVED

Podiatry Ins. Company of America

Name of Company
Latasha Knox-Campbell, Product Compliance Analyst

Official - Title

DEC 2 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILING TIL-1440 P

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.